



2010 Monthly Rate Sheet for Full-Time Faculty & Staff

Health Insurance		
Level	Loyola Advantage PPO	HMO Illinois
Employee	\$95.00	\$105.00
Employee + Spouse	\$310.00	\$320.00
Employee + Child(ren)	\$266.00	\$290.00
Family	\$378.00	\$415.00
Employee + LDA	\$310.00	\$320.00
Employee + LDA + Child(ren)	\$378.00	\$415.00

Dental Insurance		
Level	Delta Dental	DHMO
Employee	\$12.50	\$6.00
Employee + Spouse	\$26.00	\$11.50
Employee + Child(ren)	\$30.00	\$14.00
Family	\$42.50	\$19.00
Employee + LDA	\$26.00	\$11.50
Employee + LDA Child(ren)	\$42.50	\$19.00

Life Insurance			
Supplemental Life		Dependent Life	
Age	Rate per \$1,000	Coverage	Rate
		Spouse:	
< 30	\$0.06	\$5,000	\$2.65
30-34	\$0.08	\$10,000	\$5.64
35-39	\$0.10	\$15,000	\$8.87
40-44	\$0.13	\$20,000	\$11.69
45-49	\$0.20	\$25,000	\$14.12
50-54	\$0.35	\$30,000	\$16.44
55-59	\$0.62	\$35,000	\$18.46
60-64	\$0.88	\$40,000	\$20.38
65-69	\$1.39	\$45,000	\$21.95
70-74	\$2.06	\$50,000	\$22.86
75-79	\$2.06	\$60,000	\$26.97
80<	\$3.43	\$70,000	\$31.82
		\$80,000	\$37.55
		\$90,000	\$44.32
		\$100,000	\$52.30
		Children:	
		\$5,000	\$0.37

Vision Service Plan, or Always Vision	Rate
Employee	\$8.34
Employee + Spouse	\$13.24
Employee + Child(ren)	\$13.52
Family	\$21.80
Employee + LDA	\$13.24
Employee + LDA + Child(ren)	\$21.80

Hyatt Legal Plan
\$15.00

Personal Accident (AD&D) Rate per \$1,000	
Employee	0.030
EE + Family	0.045